



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Blue Ridge Regional Office

www.deq.virginia.gov

November 25, 2008

L. Preston Bryant, Jr.
Secretary of Natural Resources

Lynchburg Office
7705 Timberlake Road
Lynchburg, Virginia 24502
(434) 582-5120
Fax (434) 582-5125

David K. Paylor
Director

Steven A. Dietrich
Regional Director

Roanoke Office
3019 Peters Creek Road
Roanoke, Virginia 24019
(540) 562-6700
Fax (540) 562-6725

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Mr. J. Allen French
Chesapeake Custom Chemical Corporation
PO Box 615
Ridgeway, VA 24148

Re: **VPA Permit No. VPA02001, Reissuance.
Chesapeake Custom Chemical Corporation**

Dear Mr. French:

Your Virginia Pollution Abatement (VPA) permit is enclosed. A report form is included with the permit. Please make additional copies of the form for future use. The first monitoring report required by this permit for annually monitored parameters is due on **January 10, 2010** for the period of January 2009 through December 2009.

Submittals required by the referenced permit shall be sent to:

Virginia Department of Environmental Quality
Blue Ridge Regional Office
3019 Peters Creek Road
Roanoke, VA 24019-2738

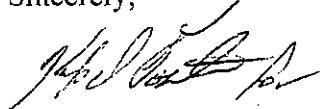
As provided by Rule 2A:2 of the Supreme Court of Virginia, you have thirty days from the date of service (the date you actually received this decision or the date it was mailed to you, whichever occurred first) within which to appeal this decision by filing a notice of appeal in accordance with the Rules of the Supreme Court of Virginia with the Director, Department of Environmental Quality. In the event that this decision is served on you by mail, three days are added to that period.

Permit No. VA0088048
Pembroke WWTP
Page 2 of 2

Alternatively, any owner under Section 62.1 - 44.16, 62.1 - 44.17, and 62.1 - 44.19 of the State Water Control Law aggrieved by any action of the State Water Control Board taken without a formal hearing, or by inaction of the Board, may demand in writing a formal hearing of such owner's grievance, provided a petition requesting such hearing is filed with the Board. Said petition must meet the requirements set forth in 9 VAC 25-230-130.B of Procedural Rule 1. In cases involving actions of the Board, such petition must be filed within thirty days after notice of such action is mailed to such owner by certified mail.

If you have questions about the permit, please call Becky L. France at (540) 562-6793.

Sincerely,



Steven A. Dietrich, P.E.
Regional Director

Enclosures: Permit No. VPA02001, Reporting Form

cc: DEQ-OWPP
DEQ- WCRO, Compliance
EPA - Region III-3WP12

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Charles L. Roon</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;"> <p>MR J. ALLEN FRENCH, PRESIDENT CHESAPEAKE CUSTOM CHEMICAL POST OFFICE BOX 615 126 RESERVOIR ROAD RIDGEWAY VA 24148</p> </div> | <p>B. Received by (Printed Name) <i>Darla L. Riggs</i> C. Date of Delivery <i>12-1-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number <i>(Transfer from service label)</i></p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>7006 2150 0002 0167 8368</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | | |
|---|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

**MR J ALLEN FRENCH, PRESIDENT
CHESAPEAKE CUSTOM CHEMICAL
POST OFFICE BOX 615
126 RESERVOIR ROAD
RIDGEWAY VA 24148**

PS Form 3800, Apr 2002

7006 2150 0002 0167 8368

MAIN OFFICE WINDOW UNIT

Postmark

NOV 25 2008

USPS ROANOKE VA 24022

KR